



16138 U.S. PTO

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PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	DLP/001
	First Inventor	Enrico Dalla Piazza
	Title	Adjustable Measuring Scoop
	Express Mail Label No.	EU627077968US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>13</u>] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u>]</p> <p>5. Oath or Declaration [Total Sheets <u>      </u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: _____
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Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number: _____ OR <input checked="" type="checkbox"/> Correspondence address below					
<input checked="" type="checkbox"/> Name	Law Offices of Thomas J. Brindisi				
Address	20 28 <sup>th</sup> Place, Suite B				
City	Venice	State	CA	Zip Code	90291
Country	U.S.A.	Telephone	(310) 439-2901	Fax	(310) 439-2902

Name (Print/Type)	Thomas J. Brindisi	Registration No. (Attorney/Agent)	40,348
Signature		Date	January 27, 2004

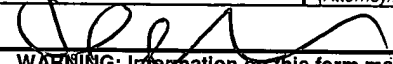
This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>FEE TRANSMITTAL for FY 2004</b>  <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		Application Number	Tba
		Filing Date	January 27, 2004
		First Named Inventor	Enrico Dalla Piazza
		Examiner Name	Tba
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	tba	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>\$385.00</b>	Attorney Docket Number	DLP/001

<b>METHOD OF PAYMENT (check all that apply)</b>				<b>FEE CALCULATION (continued)</b>			
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				<b>3. ADDITIONAL FEES</b>			
<input checked="" type="checkbox"/> Deposit Account Number <b>502502</b> (Law Office of Thomas J. Brindisi)							
The Director is authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments							
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	770	2001	385	Utility filing fee	\$385.00		
1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
<b>SUBTOTAL (1)</b>				<b>\$385.00</b>			
<b>2. EXTRA CLAIM FEES FOR UTILITY &amp; REISSUE</b>							
Total Claims		20	- 20 =	0 X	\$18.00 =	\$0.00	
Independent Claims		3	- 3 =	0 X	\$86.00 =	\$0.00	
Multiple Dependent				0 X	\$290.00 =	\$0.00	
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claim, if not paid			
1204	86	2204	43**	Reissue independent claims over original patent			
1205	18	2205	9**	Reissue claims in excess of 20 and over original patent			
<b>SUBTOTAL (2)</b>				<b>\$0.00</b>			
**or number previously paid, if greater; For Reissues, see above							
				Other fee (specify) _____			
				*Reduced by Basic Filing Fee Paid			
				<b>SUBTOTAL (3)</b>		<b>\$0.00</b>	

<b>SUBMITTED BY</b>		<b>(Complete (if applicable))</b>	
Name (Print/Type)	Thomas J. Brindisi	Registration No. (Attorney/Agent)	40,348
Signature		Telephone	(310) 439-2901
		Date	January 27, 2004

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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